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ABSTRACT

This guide presents portfolio criteria and a corollary assessment instrument for physical therapy students enrolled in the Nova Southeastern University Physical Therapy Program. The paper begins by listing the program's desired outcomes for its graduates, the definition of physical therapy, the components of a portfolio, and providing a glossary of relevant terms. The use of portfolios in perpetuating reflective learning processes and facilitating lifelong learning and professional development is also discussed. The next section presents the rationale and objectives of a physical therapist portfolio and the ten generic abilities that constitute the main structural framework of the development of the portfolio, including: (1) commitment to learning; (2) interpersonal skills; (3) communication skills; (4) effective use of time and resources; (5) use of constructive feedback; (6) problem solving; (7) professionalism; (8) responsibility; (9) critical thinking; and (10) stress management. Content and design suggestions are provided. Appendices include NSU mission and philosophy statements, Commission on Accreditation of Physical Therapy education criteria, rating summary forms, and feedback rating forms. (Contains 31 references.) (CR)

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PORTFOLIO CRITERIA
AND
COROLLARY ASSESSMENT INSTRUMENT

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Health Professions Division
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Fall 1997

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Nova Southeastern University Physical Therapy Program Outcomes

Graduates will be able to: ◆ practice with integrity as generalists in primary health care in order to serve diverse populations of any age and cultural, socioeconomic, and educational status

- **participate in activities that insure personal and professional growth**
- **communicate appropriately with any audience**
- **practice ethically and legally in any health care setting**
- **advocate for the disabled**
- **serve as change agents in organizations including legislative bodies**
- **apply the principals of management and consultation in any practice setting to assure efficient and effective health care**
- **participate in the development of knowledge that advances the profession**
- **teach in any role &**
- **choose actions that reflect consideration for the consequences of their decisions.**

(See Appendix A)

Commission on Accreditation of Physical Therapy Education Criteria

American Physical Therapy Association, Definition of Physical Therapy:

Physical therapy, which is the care and services provided by or under the direction and supervision of a physical therapist, includes:

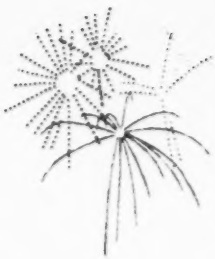
1) examining and evaluating patients with health-related conditions, impairments, functional limitations, and disability in order to determine a diagnosis, prognosis, and intervention; 2) alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions; 3) preventing injury, impairments, functional limitations, and disability, including promoting and maintaining fitness, health, and quality of life in all age populations; and 4) engaging in consultation, education, and research. (Adopted by the American Physical Therapy Association (APTA) Board of Directors in March 1995).

What is a Portfolio?

Portfolio: "Organized, goal-driven documentation of professional growth and achieved competence in the complex act of learning. Tangible evidence of the wide range of knowledge and skills a growing professional possesses."

Working Portfolio: "An ongoing systematic collection of selected works in courses, community activities which form a framework for self-assessment and goal setting."

Presentation Portfolio: "The winnowing of the working portfolio collection to samples that best reflect your achieved competence, individuality and creativity as a professional."
(Campbell, Cignetti, Melenyzer, Nettles, & Wyman, 1997, p. 3)



For further information or guidance on portfolios you may wish to consult the literature referenced in this document and in particular the theoretical underpinnings of reflection purported by Dewey (1933), Kolb (1984), Schon (1992), and Brookfield (1995), who consider the principles of good practice in reflective thought. As a developing professional, you are/have benefitted from a wide range of educational experiences. The portfolio will help you reflect upon that learning and, from reflection; you may develop a continued framework to conceptualize your future professional physical therapist development and goals. It is hoped, after thorough introspection, you will experience while completing the portfolio, you will enjoy a revelation of both your personal and professional self. The following review of the literature and definition of terms is provided for your perusal.

Definition of Terms

Critical thinking. "The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions and hidden assumptions; and to distinguish the relevant from the irrelevant" (May, Morgan, Lemke, Karst, & Stone, 1995, p. 4).

Lifelong learner. The passion for exploring new ideas, expanding and adapting the conception of self and world; with in-depth exploration of a discipline, acquisition of broad-based knowledge and experiential activities to establish models of learning that can be applied to new areas of interest throughout a lifetime. Students learn foundational skills that aid in the exploration of a variety of professional, educational opportunities. These

explorations encourage students to make connections among experiential and intellectual activities that can enrich a students life and enhance understanding of the world. Becoming a lifelong learner cultivates the following qualities: openness and curiosity about new ideas, ability to discover and analyze new knowledge, conceptual understanding of the basis of many disciplines, strengthening of aesthetic values and nourishment of the life of the mind and spirit, effective writing, speaking and critical thinking skills.

Portfolio. "Organized, goal driven documentation of professional growth and achieved competence in the complex act of learning. Tangible evidence of the wide range of knowledge and skills a growing professional possesses." (Campbell, Cignetti, Melenyzer, Nettles, and Wyman, 1997).

Problem-Based Learning (PBL). PBL is a curriculum innovation characterized by the use of case studies as a vehicle through which small groups of students learn problem-solving skills while simultaneously self-directing acquisition of content knowledge (Albanese & Mitchell, 1993). Upon presentation of a case, students decide how to identify major problems, gaps in professional knowledge and skills, and strategies for resolving those gaps. Learning is motivated by a need to resolve problems (Barrows, 1997). Faculty tutors guide the problem solving process and skill and content acquisition, rather than teaching through lectures (Vasconez, Donnelly, Mayo, & Schwartz, 1993).

Problem solving. "The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes" (May, et al., 1995, p.4).

Reflective Practice. "Rooted in the Enlightenment idea, that we can stand outside of ourselves and come to a clearer understanding of what we do and who we are by freeing ourselves of distorted ways of reasoning and acting. There are also elements of constructivist phenomenology in the understanding that identity and experience are culturally and personally sculpted, rather than existing in some kind of objectively discoverable limbo" (Brookfield, 1995, p. 214). The concept of reflective practice entails questioning assumptions in practice, for personal growth, by deliberately taking time to recall and analyze actions taken and the processes used to arrive at these actions. According to Ostermann and Kottkamp (1993) the purpose of reflection is two-fold: (a) to initiate a behavioral change, and (b) to realize an improvement in professional practice. A reflective practice according to Ostermann and Kottkamp (1993) is based on six key assumptions:

> (1) Everyone regardless of age, stage or attitude needs professional growth opportunities. (2) All professionals have a natural desire to want to improve. (3) All professionals want to learn. (4) all professionals are capable of assuming responsibility for their own professional growth and development. (5) All people need and want information about their performance. (6) Collaboration with other professionals enriches one's professional development.

Reflective Practitioner (RP). According to Kirby and Teddlie (1989), "the ability to integrate research with practice in response to uncertainty and complexity that, according to Russell and Spafford (1986) qualifies the practitioner for professional status. This theory is vital to occupations where theory is incomplete or where multiple, even conflicting theories confront the practitioner" (p 45).

REVIEW OF RELATED LITERATURE

Introduction

In preparation for the development of criteria for portfolios, an extensive literature review was conducted. The literature review considered the theoretical underpinnings of reflection by Dewey, Kolb, Schon and Brookfield, the principles of good practice in reflection and a summary of the current concepts with respect to the portfolio process, advantages and disadvantages, and format and content considerations. Some deliberation was given to the dual relationships of reflection and assessment in terms of the problem-based learning (PBL) methodology and outcomes as a process of improvement.

Reflection

Reflection Theory

Dewey (1933), purported reflection as a cognitive activity which begins in perplexity and "fork-road" situations, but is an active persistent careful consideration of any belief or knowledge. This cognitive activity includes a responsibility for future consequences and is both retrospective and progressive. Dewey delineated five stages of reflective thought:

1. Perplexity, confusion, doubt; 2. Attentive interpretation of the given elements; 3. Examination, exploration and analysis to define and clarify the problem;
4. Elaboration of the tentative hypothesis; 5. Testing the hypothesis by doing something overtly to bring about anticipated results. (p. 33)

Kolb (1984), took these points into consideration in the model of the Experiential Learning Cycle, but purported that reflection should be to take action to a new and changed behavior. Kolb's model of experiential learning moves through a continuous cycle of concrete experience, reflection observation, abstract conceptualization, and active experimentation. Through examination, application, explaining and experience, learners have the opportunity to develop in multiple modalities and cycles through input of information and further processing of the information. Often times, reflection is thought of in just an overarching way only, not as an integral component of learning.

Brookfield (1995) asked why is critical reflection important? This researcher believes it helps developing professionals to do a number of things to foster reflection. Critical reflection facilitates professionals to take informed actions and develop a rationale for practice. It ameliorates professionals to avoid self laceration and grounds us emotionally. Brookfield believes critical reflection enlivens developing professionals learning environments and increases democratic trust. For example, thinking, as a student, about the characteristics that were positive or negative about a professor, or the patient interaction of a physical therapist (PT) with a patient; then reflecting about these things, and implementing these lessons of experience, with the future action to be taken by the developing professional. Brookfield speaks of the multiple lenses which professionals can grow and develop from, if provided the opportunity to reflect.

Schon (1992) argued that a contemporary crisis exists, in professional knowledge and education, because of a widening gap between thought and action. Schon believes that the problem is managing the complexity as the challenges. Today, there is an unprecedented requirement for adaptability and tension exists between theory and practice. Schon purports reflection in action, reflection on action and knowing in action considerations and believes that these good practices will generate new knowledge. Schon's concepts of the reflective practitioner have been considered in architecture, medicine, law and other professions. The artistry of reflection was explored in Schon's writings. Schon contemplated how professionals readjust to the influences, and changes, as the professional practices knowing in action, recognizing surprise, reflection in action, experimentation and reflection on action.

Schon's Model of Reflective Practice is based on how professionals think and it emphasizes learning from experience. Therefore, the query is raised, how do expert teachers impart this artistry of practice in professional education? How do educators convey to learners what professionals do in clinical practice no matter where the learners are located on the learning curve? Schon's Model of Reflective Practice provides a conceptual framework for answering these questions. The reflective practice model combines the art of medicine (a zone characterized by uniqueness, conflict and ambiguity) with the zone of mastery or the science of medicine (Schon, 1987).

Prudent Reflection

> Hatcher and Bringle (1995) believe reflection activities serve to:
> engage students in the intentional consideration of their experiences in light of particular learning objectives, and provide an opportunity for students to: (a) gain further understanding of the course content and discipline, (b) gain further understanding of the service experience, (c) develop self-assessment skills as a life-long learner, and (d) explore and clarify values that can lead to civic responsibility.

These activities incorporate learning from experiences in society, such as through clinical experiences in physical therapy.

Similarly, Eyler, Giles, and Schmiede (1996) delineated the "4 C's of Reflection: Continuous reflection, Connected reflection, Challenging reflection and Contextualized reflection," with these ongoing processes as requirements for reflection. The researchers recommended that service activities or clinical experiences should occur on an ongoing basis, as a continual component of the curriculum, not merely at the middle and end of the programming.

Portfolio Process

According to Campbell, Cignetti, Melenyzer, Nettles, and Wyman (1997) a portfolio "is an organized, goal-driven documentation of professional growth and achieved competence" (p. 3). These authors described two kinds of portfolios, a working portfolio and a

presentation portfolio. The working portfolio is outlined as an "ongoing systematic collection of selected works in courses, community activities which form a framework for self-assessment and goal setting" (p. 3). Later, the presentation portfolio is developed by "winnowing the collection to samples that best reflect your achieved competence, individuality and creativity as a professional" (p. 3). The researchers suggested organizing portfolios in terms of the goals purported by the professional association. In the profession of physical therapy, the American Physical Therapy Association has delineated goals and outcomes for the physical therapist graduate (see Appendix B).

In medicine, Beecher, Lindemann, Morzinski, and Simpson (1997) studied the use of the educator's portfolio to stimulate reflective practice among medical educators and found that all ten faculty who participated in structured interviews regarding preparation of education portfolios for promotion, indicated that reflection had emanated. These researchers discovered four areas of reflection that ensued: "(a) surfacing of dilemmas in practice, (b) seeking supports, (c) reformulating educational practice, and (d) transformation of educational practice" (p. 56). Hutchings (1993) recognized and concluded that portfolios, "virtually force reflection and growth" (p. 1). Seldin (1993) reported that the mere act of creating a portfolio stimulates rethinking and planning for the future.

In terms of the health professions, Jensen and Saylor (1994) sampled three courses of health professions students developing portfolios as part of the students' course requirements for both master's degree PT and baccalaureate nursing students. Jensen and Saylor collected data in product form i.e., the portfolios and evaluation data, and student and instructor assessments. Each class was given general guidelines for the portfolio assignment. Based upon qualitative evaluation, Jensen and Saylor, suggested that the pilot portfolio project provided an avenue for student reflection on professional development. However, the portfolios varied in structure and complexity. These researchers indicated further refinement and research in the area of portfolios was indicated for the health professions.

Portfolio Content and Design

Many authors detailed what should and should not be included in portfolios, for example, papers, artistic materials, performance audio and videotapes, journals, critiques, letters of recommendation, honors, awards, test results, performance evaluation, etc., and how to present the information, three ring binders, video cassettes, and audio cassettes (Campbell, et al., 1997; Jackson & Caffarella, 1994; Hauser, 1994; and Simmons, 1996). However, these methods proliferate materials and are cumbersome for the purveyor to manage.

Krueger and Hatfield (1997) of Winona State University have implemented the use of electronic portfolios with the use of both zip drive formats and compact disc - read only memory (CD-ROM). As technology improves, these researchers foresee portfolio activities going to web pages, with use of the Internet hypertext markup language used on the world wide web. The CD-ROM is capable of storing up to 650 megabytes of information on one CD-ROM with the use of a burner or copier. Krueger and Hatfield have extrapolated the following benefits for the learner with the development of electronic portfolios,

understanding and application of technology, freedom to identify the expression of students autobiography of learning, the use of a variety of materials to document knowledge, and improved skills and abilities through incorporation of video clips, audio clips and any other type of document. The reviewer of the portfolio is not onslaught with the cumbersome task of weeding through materials, but can simply point and click on hyperlinks, and hot text and select options the reviewer may be interested in viewing, from the table of contents. The student can be creative in the process by altering backgrounds, graphics, text and images, as desired. Portfolios in the CD-ROM format appear as a viable option in the information age and in light of downsizing trends.

Reflection and Assessment Considerations

Portfolios, used for a long time in fields such as writing, and the fine arts, have recently been implemented as assessment strategies in fields such as teacher education (Arter & Spandel, 1992; Campbell, et al., 1997; Green & Smyser, 1996) and nursing and service professions (Hatcher, 1995; Hutchings & Bringle, 1993; and Williams & Driscoll, 1997). In addition to simply providing new types of evidence in a different format, portfolio assessment also allows students and teachers to be allies in the evaluation process (Mathies & Uphoff, 1992) and provides a structure and process to facilitate reflection among students, often constrained by a model of technical rationality.

Williams and Driscoll (1997) offered the following guidelines for facilitating student reflection, reflection should be, "structured as an ongoing aspect of courses, offered in multiple forms, included in assessment, modeled by the instructor, connected to course content and supported by class context" (p. 34). The researchers suggested that reflection should take place at least weekly, and range from large group reflection to dyads, triads, journals and drawings. Williams and Driscoll concluded that exams need to provide a connection to reflection activities and reflections should be, not only thought about, but written about, as well as connected to specific curriculum components. For example, in physical therapy, a learner could be asked to reflect upon a patient interaction vignette and questioned regarding what ethical principles guided the students' activities during the interaction and why these principles were pertinent in the ethical encounter. These activities demand that the learning environment is supportive, offers dual respect and that judgements are not made with respect to the learners reflections.

Hatcher and Bringle (1995) offered the following guidelines for effective reflection activities, linking experience to learning, guiding the process, completing reflection regularly, allowing for feedback and assessment, and fostering the exploration and clarification of values. Hatcher and Bringle concurred with Williams and Driscoll (1997) guidelines and further elaborated on the variables impacting selection and design of reflection activities. These researchers provided a list of over 50 different examples of reflective activities including, personal journals, directed writings and readings, assessment techniques, ethical case studies, student portfolios, personal narratives and experiential research papers. Angelo and Cross (1994) offered other specific assessment techniques for reflection in the classroom, including, the minute paper, the muddiest point, dialogue writing, double-sided journal, pro/con grid, and self evaluations. According to Angelo and

Cross, the reflection efforts must not be an "add-on". Shepherd and Jensen (1994) shared this view, that by understanding more about the professional development process, during professional education, has potentially important consequences for graduate outcomes, but needs to be considered as the professional develops.

Employing PBL in PT education is purported to assist in the development of a reflective, lifelong learner. Koschman, Kelson, Feltovich, and Barrows (1996), described the components of PBL as including the intermatrixing of problem formulating, self-directed learning, reflecting, abstracting and applying knowledge. However, educational systems are producing graduates who fall short of the expectation of being capable of, among other things, reflecting upon the performance and continuing the process of learning. This is part of the researchers argument for utilizing PBL methodology in curriculums. Grant Wiggins (1997), President and Director of Programs, Center on Learning, Assessment and School Structure, echoed these considerations, claiming that no learning takes place without feedback and problem-based learning builds feedback in the loop, showing true understanding and skill.

In addition, May, et al. (1995), considering those with whom the PT graduates will work with, surveyed physical therapy clinical educators from 76 clinical sites, using the Delphi technique. Physical therapy clinical educators were asked to identify generic abilities critically important to physical therapy practice. These criteria were then developed into ability-based assessments for the University of Wisconsin-Madison PT program. The impetus for this study came from academic faculty inquiring with the clinical educators about why some students fail to make the transition from didactic courses to the clinical internship. Generic abilities included, in rank order:

> 1. Commitment to learning: The ability to self-assess, self correct and self direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding. 2. Interpersonal skills: The ability to interact effectively with patients, families, colleagues, other health care professionals and the community and to deal effectively with cultural and ethnic diversity issues. 3. Communication skills: The ability to communicate effectively (i.e., speaking body language, reading, writing and listening effectively for varied audiences and purposes. 4. Effective use of time and resources: The ability to obtain the maximum benefit from a minimum investment of time and resources. 5. Use of constructive feedback: The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction. 6. Problem solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes. 7. Professionalism: the ability to exhibit appropriate professional conduct and to represent the profession effectively. 8. Responsibility: The ability to fulfill commitments and to be accountable for actions and outcomes. 9. Critical thinking: The ability to question logically; to identify, generate and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions and hidden assumptions; and to distinguish the relevant from the irrelevant. 10. Stress management: The ability to identify sources of stress and to develop effective coping behaviors. (p. 4)

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These criteria were in agreement with the mission and philosophy of Nova Southeastern University PT (see Appendix A) and the Commission on Accreditation of Physical Therapy Education standards (see Appendix B). The disadvantage, noted by, May, et al. (1995), was that ability-based assessment of this nature focuses more on outcome, rather than content. However, this is the direction being demanded by the consumer and employer. These items were considered for highlighting in the final portfolio.

Summary

Efforts to perpetuate reflective learning processes are progressing in education endeavors. These efforts to promote lifelong learning are admirable and require considerable effort to incorporate in terms of educational strategies and methodologies. Germane to facilitating these learning strategies and processes, the professors become more of a "guide on the side, rather than sage on the stage" (Barr and Tagg, 1995). In terms of considering the projections for the professions, forecasters believe the employment of the future will consist of up to seven different careers, requiring new attitudes and skills. This dejobbing of America, according to the American Society for Training and Development, estimates 75% of the work force will require retraining and lifelong learning will be commonplace (Twigg, 1994).

Therefore, higher education must focus on teaching new concepts and skills as well as planning programs for lifelong learning (Twigg, 1994). Schon (1987) considers that there is a contemporary crisis between thought and action that must be fostered in professional education. The need for reflective practitioners in health care is evident and educators must, in order to be effective in addressing this need, incorporate reflection opportunities throughout professional curriculums.

While capstone courses, research, case studies and problem-based learning methodologies promote active learning with powerful forms of andragogy; portfolios provide one strategy for reflective thought processes to occur and facilitate lifelong learning and professional development, in the context of curriculums and foster career development.

Rationale & Objectives

Your portfolio is viewed as an outcomes medium to communicate how your professional stature has developed as a professional student at Nova Southeastern University Physical Therapy Program. Therefore, to fully demonstrate your professional skills and competencies, please follow the instructions provided. Potential audiences for your portfolio include prospective clinical education sites, future employers, faculty, students, mentees and peers. This portfolio process will meet the Practice Parameter Guidelines of the American Physical Therapy Association, Commission on Accreditation of Physical Therapy Education (CAPTE), Professional Development Section, 3.8.3.14.,

- ***"Formulate and implement a plan for personal and professional career development based on self-assessment and feedback from others."***

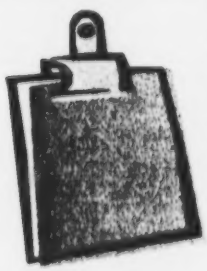
and Section 4.2.10.,

- ***"The program graduates are able to plan for future professional development to maintain a level of practice consistent with acceptable standards."***

In addition, completion of the portfolio will meet a portion of the Nova Southeastern University Physical Therapy mission statement,

- ***"....we believe that physical therapy graduates must be committed to serve the profession and society through contributions to the advancement of the profession in their search for new knowledge and skills as life-long learners and applied scientists.....and....graduates will be able to choose actions that reflect consideration for the consequences of their decisions."***

These goals and outcomes are of equal importance as the generic abilities expected of physical therapists as they enter the "real-world" of the ever-changing health care delivery system. Therefore, it is imperative that consideration be given to the critically important ability-based assessment developed by clinical educators. These ten generic abilities will constitute the main structural framework of your developing and presentation portfolio for NSU PT. You may elect other criteria, student-elected, to include in your framework, for individual differences that may not fall exclusively into the generic abilities. [Examples of student-elected criteria: "Multiculturalism" - Your goal is to incorporate diversity with your clinical population OR "Ergonomics" - You have background in engineering and will incorporate in a PT project.]



The ten generic abilities include the following in rank order:

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Generic Abilities

1. ***Commitment to learning***: **The ability to self-assess, self-correct and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.**
2. ***Interpersonal skills***: **The ability to interact effectively with patients, families, colleagues, other health care professionals and the community and to deal effectively with cultural and ethnic diversity issues.**
3. ***Communication skills***: **The ability to communicate effectively (i.e., speaking body language, reading, writing, listening) for varied audiences and purposes.**
4. ***Effective use of time and resources***: **The ability to obtain the maximum benefit from a minimum investment of time and resources.**
5. ***Use of constructive feedback***: **The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.**
6. ***Problem solving***: **The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.**
7. ***Professionalism***: **the ability to exhibit appropriate professional conduct and to represent the profession effectively.**
8. ***Responsibility***: **The ability to fulfill commitments and to be accountable for actions and outcomes.**
9. ***Critical thinking***: **The ability to question logically; to identify, generate and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions and hidden assumptions; and to distinguish the relevant from the irrelevant.**
10. ***Stress management***: **The ability to identify sources of stress and to develop effective coping behaviors." (May, Morgan, Lemke, Karst, & Stone, 1995, p. 4)**

(See corollary assessment instrument in Appendix C)
Peer and self-assessment must be completed with each portfolio submission and included with the portfolio document. **Please follow the directions for each criterion. The completed portfolio will be a unique product; no two will be alike. Please use your best judgement regarding portfolio content and general appearance. Your faculty mentor will provide assistance when required. In the profession of physical therapy, the American Physical Therapy Association has delineated outcomes and goals for the physical therapist graduate and these documents and others referenced in this guide may be of assistance to your portfolio development. Your task is to develop your working and presentation portfolios.**

portfolio Criteria

PEER & SELF ASSESSMENT, THE TEN GENERIC ABILITIES ,PORTFOLIO PRESENTATION, STATEMENT OF GOALS, RESEARCH EXPERIENCE, HOLISTIC PRESENCE
Self-Elected Criterion(prn), Faculty Assessment
(See Corollary Assessment in Appendix C)

Content & Design Suggestions

Recommended Consideration for Portfolio Support - Evidence of these Behaviors/Activities:

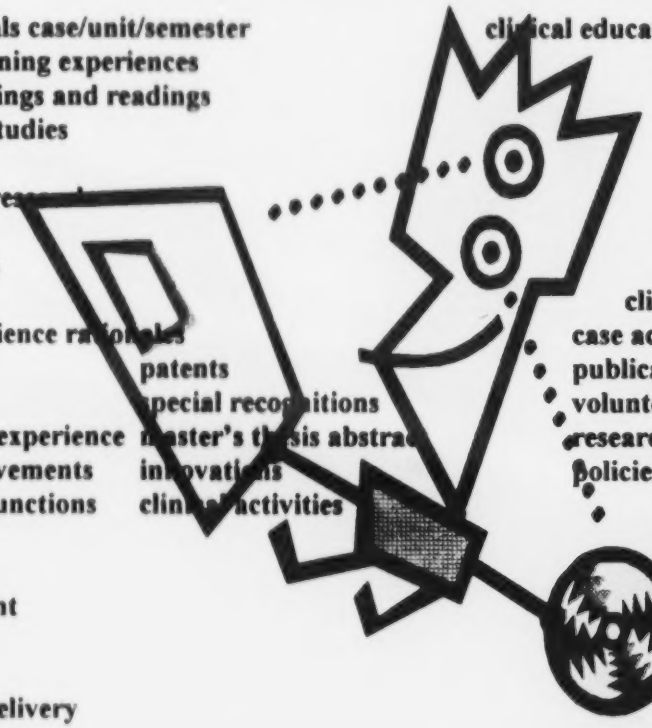
Professional Activities
Prevention & Wellness
Screening
Examination
Evaluation
Diagnosis
Prognosis
Plan of Care
Intervention
Consultation
Outcomes Measurement & Evaluation
Administration
Management in Various Delivery Systems
Social Responsibility
Commitment to Learning
Critical Inquiry
Clinical Decision-making
Education
Scholarly Activities
Stress Management
Professional Behavior
Professional Development
Communication & Interpersonal Skills
Use of Constructive Feedback

Design/Presentation Format Suggestions

- **paper product enclosed with three-ring binder with dividers**
- **CD-ROM (burner/program available through Einstein micro-lab computer services)**
- **Web pages with hyper text markup language (html)**

Content Considerations - Work Sampling

(Vehicles you may use to support your presentation and working portfolios - Please see Appendix A & B for further considerations)



academic goals case/unit/semester
informal learning experiences
directed writings and readings
ethical case studies

experiential re
awards
issue analysis
grants
movement science ra
licenses
reports
employment experience
major improvements
community functions
skits

self assessment
audiotape

health care delivery
seminars
insurance knowledge
interventions rationales
evidence of reimbursement
correspondence with scholars
professional organization involvement
timely and appropriate documentation
differential diagnostic abilities with rationales
documentation of ethical and legal practice abilities

patents
special reco itions
master's th sis abstra
in ovati ns
clin activities

clinical education activities
personal journals
assessment techniques
personal
narratives
achievements
in service abilities
interview experiences
clinical decision making
case activities
publications
volunteer experience
research experience
policies & procedures
team activities
advocacy for the disabled
videotape
CD-ROM with clips
unit activities
scholarships
safety and delegation
diskettes
effective and efficient practice
reflective logs
forms developed
inventions & devices
change agentry abilities
peer assessment
workshops

evidence of your ability to interact with health care team members, patients and families; include videotape, comments, team conference activities, patient/family education materials

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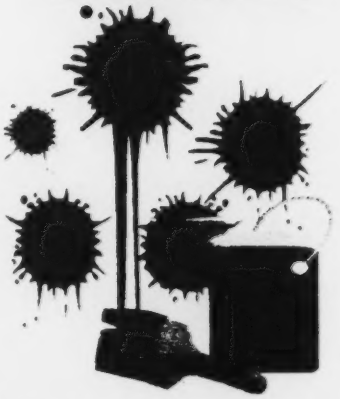
Statement of Goals

Now that you have looked over your past activities and explored some connections among them, it is a great time to look forward. What do the patterns of the last terms suggest might be a good direction for you in the upcoming term or year?

Who are you becoming?



Have your plans for clinical education, specialty study or research changed from the last term? Might you change your focus or direction, or add to your interests? What are your plans after graduation? Will you attend post graduate school, become a clinical specialist, become certified in other areas? What sort of PT employment would you eventually like?

AFTER GOING THROUGH THE PORTFOLIO PROCESS ~WHAT AKE YOUR GOALS AT COMPLETION OF THE NOVA SOUTHEASTERN UNIVERSITY PHYSICAL THERAPY PROGRAM EXPERIENCE?

Corollary Assessment

Sample assessment criteria and rating forms are provided (See Appendix C). These criteria rating forms are to be completed by the student and peer for each self-selected student criteria category, ten generic abilities, portfolio appearance, statement of goals, research experience, and holistic judgement. These documents are then submitted to the faculty mentor for review.

Peer and self-assessment must be completed prior to faculty final assessment of the portfolio using the forms provided; this feedback must be completed at each of the following intervals (final due date last working day of the month) in the curriculum:

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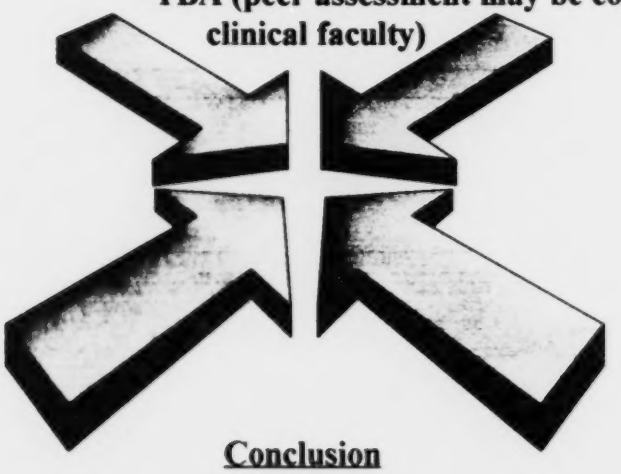
- PT 1 - January 1998
- PT 1 - June 1998
- PT 2 - November 1998
- PT 2 - February 1999
- PT 2 - Graduation Wrap-up*
- *TBA (peer assessment may be completed by clinical faculty)



Conclusion

Your cooperation in the completion of the portfolio process is appreciated. The instrument used to evaluate your portfolio is included so that you may have a better understanding of how you will be self-assessed, peer-assessed and faculty assessed. For each student-elected inclusion criteria you must provide the rating criteria using the template provided. You are encouraged to make the portfolio as comprehensive as possible as it develops, yet practically succinct. A running theme to consider throughout the entire portfolio is effective communication and reflective practitioner abilities. These are essential abilities for the developing professional in physical therapy. Keep in mind the purpose of the portfolio and your audience.

Good Luck!

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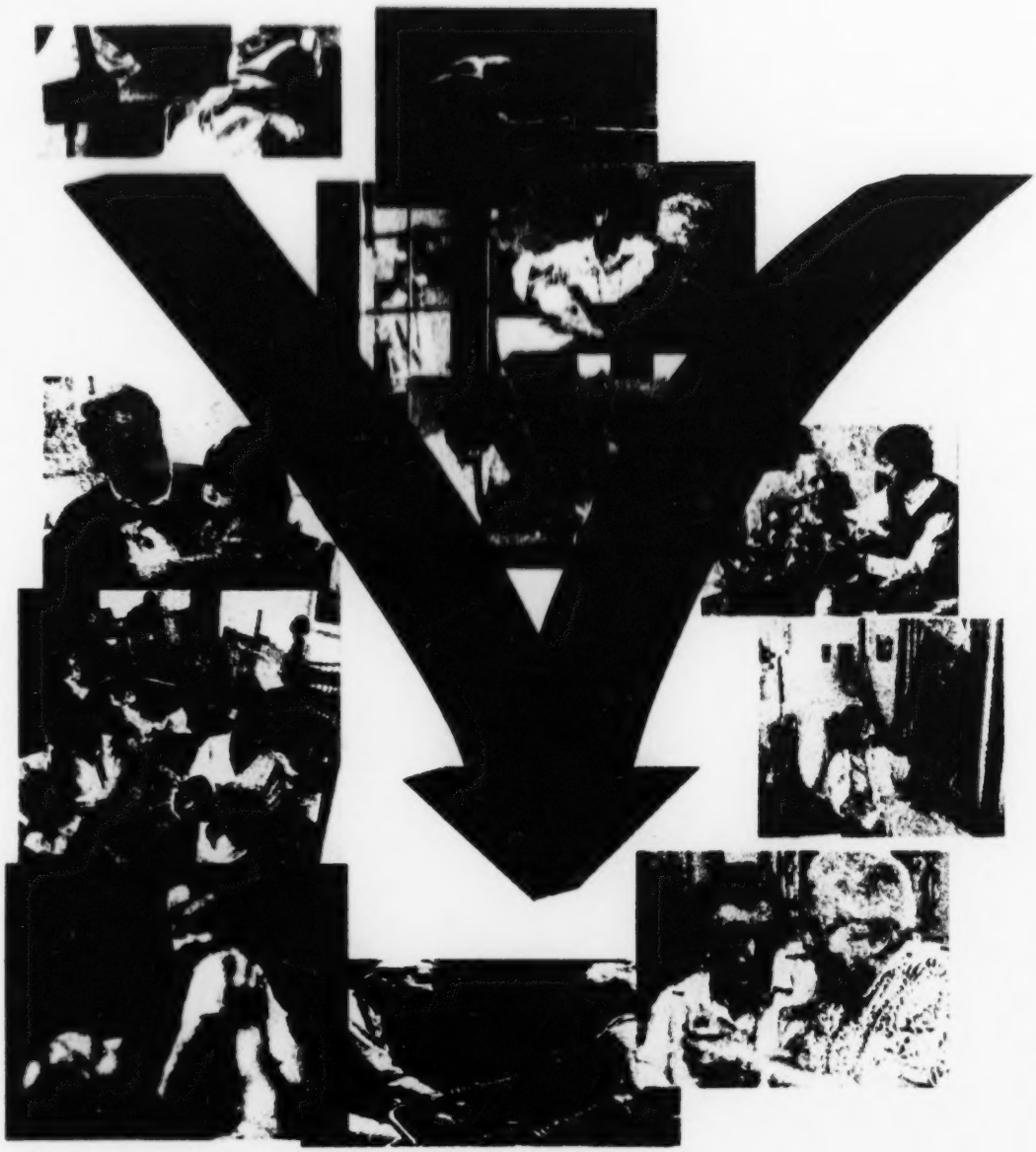
APPENDIXES



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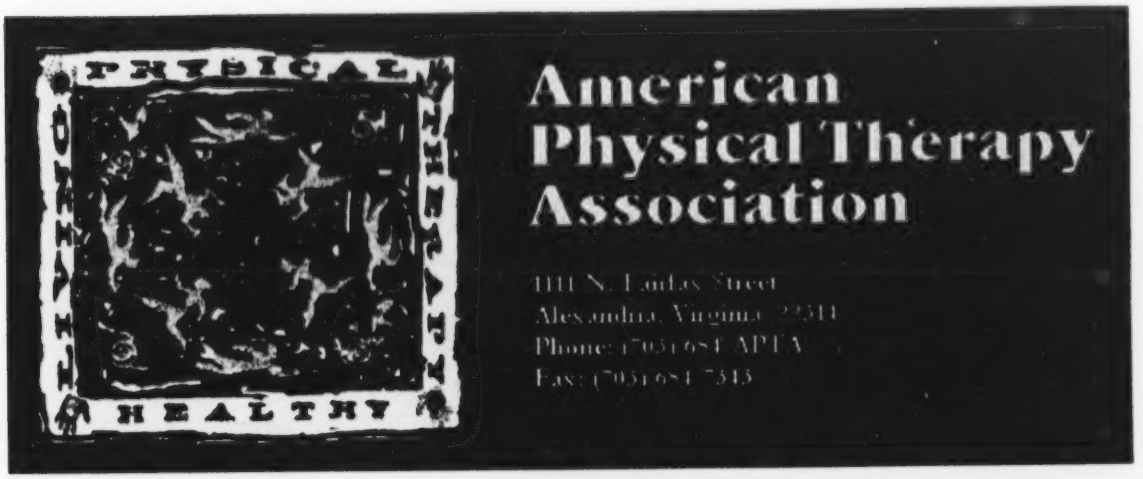

Appendix A

Nova Southeastern University Mission Statement

Nova Southeastern University is a dynamic, not-for-profit independent institution dedicated to providing high quality educational programs of distinction from pre-school through the professional and doctoral levels, as well as service to the community. Nova Southeastern University prepares students for lifelong learning and leadership roles in business and the professions. It offers academic programs at times convenient to students, employing innovative delivery systems and rich learning resources on campus and at distant sites. The University fosters inquiry, research and creative professional activity, by uniting faculty in acquiring and applying knowledge in clinical, community and professional settings.

March 24, 1997

NSU Health Professions Division Mission Statement

"The mission of the Health Professions Division is to *train primary care health practitioners in a multi disciplinary setting, especially for under served areas."*

NSU Physical Therapy Program Mission Statement

"The mission of the NSU Physical Therapy Program is to *prepare physical therapists as primary health care providers."*

Operational definition: Physical therapist as primary health care provider: a physical therapist who is the initial, first or principal care provider for the diagnosis and treatment of physical impairments, functional limitations and disabilities that result in movement dysfunction.

NSU Physical Therapy Program Philosophy

We believe the physical therapist—diagnoses, plans, treat and supervises care for physical impairments and disabilities that are the result of dysfunction of any body system, must be prepared to consider the influence of mind, body and spirit on health in order to prevent dysfunction and promote wellness, must anticipate the need for change in the profession and health care delivery, must contribute to the body of knowledge of physical therapy and be supportive of the collegial search for truth.

We believe the physical therapy profession—is committed to access to health care for all people, is essential to primary health care in order to meet the needs of the undeserved across their life spans in all strata of society, is dynamic and responsive to the health care demands of current society.

We believe that physical therapy education—demands a strong liberal arts foundation, including foreign

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language, to prepare physical therapists for leadership roles in a multi-cultural society, occurs best in a creative atmosphere that fosters exchange among faculty, students, and practitioners, who are all self-directed and able to function independently and in groups, occurs best when the roles of academic and clinical faculty are intertwined because they are equally vital to the learning process.

We believe that physical therapy faculty--must bring together a variety of academic, clinical, and life experiences which complement each other and are necessary to provide the depth and breadth of learning opportunities essential to the education of the generalist physical therapist or primary care practice.

We believe that physical therapy graduates--must be committed to serve the profession and society through contributions to the advancement of the profession in their search for new knowledge and skills as life-long learners and applied scientists, must be committed to serve the profession and society in a variety of roles such as primary care providers, consultants, advocates for the disabled and change agents.

NSU Physical Therapy Program Outcomes

Graduates will be able to--practice with integrity as generalists in primary health care in order to serve diverse populations of any age and cultural, socioeconomic, and educational status, participate in activities that insure personal and professional growth, communicate appropriately with any audience, practice ethically and legally in any health care setting, advocate for the disabled, serve as change agents in organizations, including legislative bodies, apply the principals of management and consultation in any practice setting to assure efficient and effective health care, participate in the development of knowledge that advances the profession, teach in any role, choose actions that reflect consideration for the consequences of their decisions.

Appendix B

Commission on Accreditation of Physical Therapy Education Criteria

American Physical Therapy Association, Definition of Physical Therapy:

Physical therapy, which is the care and services provided by or under the direction and supervision of a physical therapist, includes: 1) examining and evaluating patients with health-related conditions, impairments, functional limitations, and disability in order to determine a diagnosis, prognosis, and intervention; 2) alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions; 3) preventing injury, impairments, functional limitations, and disability, including promoting and maintaining fitness, health, and quality of life in all age populations; and 4) engaging in consultation, education, and research. (Adopted by the American Physical Therapy Association (APTA) Board of Directors in March 1995 (BOD 03-95-24-64)).

Curriculum Components & Practice Expectations (excerpt)

1.0 SECTION 1: ORGANIZATION

Preamble

Physical therapists must work within the structures of their practice and of legal, social, and ethical environments; similarly, physical therapist education programs must function within the structure of the institutions in which they exist. Physical therapist education programs must be vital parts of the institutions in which they are located, and the existence of programs must be consistent with institutional missions and resources. Institutions that offer physical therapist education programs must do so because of their commitment to humanistic principles, scientific inquiry, and service to society. They must exhibit sensitivity to the role of health professions in society. Physical therapist education programs must be integral to institutional missions and be logical extensions of the institution's education and service programs.

Institutions must be committed to professional education and demonstrate awareness of the differences between professional education and traditional degree programs. Among the differences are the following: professional education requires the student to engage the entire body of knowledge related to the profession and to demonstrate accountability for the utilization of that knowledge; professional education is structured and focused on the knowledge and skills necessary for initial practice of the profession; emphasis is placed on socialization of the student into the profession, including the behavioral and ethical standards to be met; and, faculty are expected to serve as exemplary professional role models.

Through the structure and function of the institution, graduates must be made aware of their need to build on their liberal education, to incorporate the concepts of responsible citizenship into their professional lives, to interact with other professionals, to continue their education throughout their professional careers, and to be ethical and scientifically current in order to be responsible health care practitioners. Innovation and variations from traditional approaches to professional education are institutional prerogatives that are respected and encouraged when evidence is provided that they are effective and beneficial.

3.0 SECTION 3: CURRICULUM DEVELOPMENT AND CONTENT

Preamble

A curriculum is a plan for learning, designed by the program faculty in consultation with practitioners and members of communities of interest, to achieve explicit educational goals and objectives for preparation of a physical therapist. In addition to preparing practitioners, one goal of physical therapy education is to build on the liberal education of the student by incorporating the concepts of responsible citizenship into the professional curriculum. The curriculum sets forth the knowledge, skills, attitudes, and values needed to achieve these goals.

The professional program is built on a foundation of liberal arts, and social and basic sciences. Course work within the professional curriculum includes a balance of foundational and clinical sciences; critical inquiry; clinical practice; and studies of society, health care delivery, and physical therapy practice. The educational philosophy and values of the institution, the program, and the individuals who teach in it and the knowledge of and beliefs about learning are central aspects of the curriculum.

The educational outcomes are entry-level and are based on practice expectations that are congruent with and reflect current physical

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therapy practice, emerging trends in health care delivery, and advances in physical therapy theory and technology.
3.1. Core faculty assume primary responsibility for curriculum development with input from all program faculty as well as from students enrolled in the program.
3.8.3. learning experiences designed to achieve educational outcomes required for initial practice of the profession of physical therapy. Graduates of the program are prepared, in the following areas, to:
Communication
3.8.3.1. Expressively and receptively communicate with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, care givers, practitioners, consumers, payers, and policy makers.
Individual and Cultural Differences
3.8.3.2. Incorporate an understanding of the implications of individual and cultural differences when engaged in physical therapy practice, research, and education.
Professional Behavior
3.8.3.3. Demonstrate professional behaviors in all interactions with patients, clients, families, care givers, other health care providers, students, other consumers, and payers.
3.8.3.4. Adhere to legal practice standards, including all federal, state, jurisdiction, and institutional regulations related to patient or client care, and to fiscal management.
3.8.3.5. Practice ethical decision making that is consistent with applicable professional codes of ethics, including the APTA's Code of Ethics.
3.8.3.6. Participate in peer assessment activities.
3.8.3.7. Participate in clinical education activities.
Critical Inquiry and Clinical Decision-making
3.8.3.8. Participate in the design and implementation of decision-making guidelines.
3.8.3.9. Demonstrate clinical decision-making skills, including clinical reasoning, clinical judgment, and reflective practice.
3.8.3.10. Evaluate published studies related to physical therapy practice, research, and education.
3.8.3.11. Secure and critically evaluate information related to new and established techniques, technology, legislation, policy, and environments related to patient/client care.
3.8.3.12. Participate in scholarly activities to contribute to the body of physical therapy knowledge (e.g. case reports, collaborative research).
Education
3.8.3.13. Educate others using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.
Professional Development
3.8.3.14. Formulate and implement a plan for personal and professional career development based on self-assessment and feedback from others.
Screening
3.8.3.15. Determine the need for further examination or consultation by a physical therapist or for referral to another health care professional.
Examination
3.8.3.16. Independently examine and re-examine a patient or client by obtaining a pertinent history from the patient or client and from other relevant sources, by performing relevant systems review, and by selecting appropriate age-related tests and measures. Tests and measures (listed alphabetically) include, but are not limited to, the following:
a) aerobic capacity and endurance
b) anthropometric characteristics
c) arousal, mentation, and cognition
d) assistive and adaptive devices
e) community and work (job, school or play) reintegration
f) cranial nerve integrity
g) environmental, home, and work barriers
h) ergonomics and body mechanics
I) gait, assisted locomotion, and balance
j) integumentary integrity
k) joint integrity and mobility
l) motor function
m) muscle performance (including strength, power, and endurance)
n) neuromotor development and sensory integration
o) orthotic, protective, and supportive devices
p) pain
q) posture
r) prosthetic requirements
s) range of motion (including muscle length)
t) reflex integrity
u) self care and home management (including activities of daily living and instrumental activities of daily living)
v) sensory integrity (including proprioception and kinesthesia)
w) ventilation, respiration, and circulation
Evaluation
3.8.3.17. Synthesize examination data to complete the physical therapy evaluation.
Diagnosis
3.8.3.18. Engage in the diagnostic process in an efficient manner consistent with the policies and procedures of the practice setting.
3.8.3.19. Engage in the diagnostic process to establish differential diagnoses for patients across the lifespan based on evaluation of results of examinations and medical and psychosocial information.

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3.B.3.20. Take responsibility for communication or discussion of diagnoses or clinical impressions with other practitioners.

Prognosis

3.B.3.21. Determine patient or client prognoses based on evaluation of results of examinations and medical and psychosocial information.

Plan of Care

3.B.3.22 Collaborate with patients, clients, family members, payers, other professionals, and individuals to determine a realistic and acceptable plan of care.

3.B.3.23. Establish goals and functional outcomes that specify expected time duration.

3.B.3.24. Define achievable patient or client outcomes within available resources.

3.B.3.25. Deliver and manage a plan of care that complies with administrative policies and procedures of the practice environment.

3.B.3.26. Monitor and adjust the plan of care in response to patient or client status.

Intervention

3.B.3.27. Practice in a safe setting and manner to minimize risk to the patient, client, physical therapist, and others.

3.B.3.28. Provide direct physical therapy intervention, including delegation to support personnel when appropriate, to achieve patient or client outcomes based on the examination and on the impairment, functional limitations, and disability. Interventions (listed alphabetically) include, but are not limited to:

a) airway clearance techniques

b) debridement and wound care

c) electrotherapeutic modalities

d) functional training in community and work (job, school or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning)

e) functional training in self care and home management (including activities of daily living and instrumental activities of daily living)

f) manual therapy techniques

g) patient-related instruction

h) physical agents and mechanical modalities

I) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective and supportive devices and equipment

j) therapeutic exercise (including aerobic conditioning)

3.B.3.29. Provide patient-related instruction to achieve patient outcomes based on impairment, functional limitations, disability and patient satisfaction.

3.B.3.30. Complete thorough, accurate, analytically sound, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by the practice setting.

3.B.3.31. Take appropriate action in an emergency in any practice setting.

Outcomes Measurement and Evaluation

3.B.3.32. Implement an evaluation of individual or collective outcomes of patients or clients.

Prevention and Wellness

3.B.3.33. Identify and assess the health needs of individuals, groups, and communities, including screening, prevention, and wellness programs that are appropriate to physical therapy.

3.B.3.34. Promote optimal health by providing information on wellness, disease, impairment, functional limitations, disability, and health risks related to age, gender, culture, and lifestyle.

Management in Various Care Delivery Systems

3.B.3.35. Provide primary care to patients with neuromusculoskeletal disorders within the scope of physical therapy practice through collaboration with other members of primary care teams based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.

3.B.3.36. Provide care to patients referred by other practitioners, independently or in collaboration with other team members, based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.

3.B.3.37. Provide care to patients, in collaboration with other practitioners, in settings supportive of comprehensive and complex services based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.

3.B.3.38. Assume responsibility for the management of care based on the patient's or client's goals and expected functional outcomes and on knowledge of one's own and other's capabilities.

3.B.3.39. Manage human and material resources and services to provide high-quality, efficient physical therapy services based on the plan of care.

3.B.3.40. Interact with patients, clients, family members, other health care providers, and community-based organizations for the purpose of coordinating activities to facilitate efficient and effective patient or client care.

Administration

3.B.3.41. Delegate physical-therapy-related services to appropriate human resources.

3.B.3.42. Supervise and manage support personnel to whom tasks have been delegated.

3.B.3.43. Participate in management planning as required by the practice setting.

3.B.3.44. Participate in budgeting, billing, and reimbursement activities as required by the practice setting.

3.B.3.45. Participate in the implementation of an established marketing plan and related public relations activities as required by the practice setting.

Consultation

3.B.3.46. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.

Social Responsibility

3.B.3.47. Become involved in professional organizations and activities through membership and service.

3.B.3.48. Display professional behaviors as evidenced by the use of time and effort to meet patient or client needs or by providing pro bono services.

3.B.3.49. Demonstrate social responsibility, citizenship, and advocacy, including participation in community and human service organizations and activities.

The curriculum includes content and learning experiences designed to prepare students to exhibit the above practice expectations upon

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graduation from the program. The expected student outcomes include those sets of knowledge and skills which the graduates are prepared to demonstrate upon successful completion of the required academic and clinical portions of the education program. The practice expectations are drawn from the Normative Model of Physical Therapist Professional Education (1996) and the Guide to Physical Therapist Practice, Volume I (1995, and early drafts of the 1997 revision).

CAPTE SECTION 4.0

Section 4: Performance of Program Graduates

Performance of program graduates is expressed as statements of the roles and responsibilities of the physical therapist in the care of patients, education of practitioners and the public, and research and scholarly activity relevant to the advancement of physical therapy as an art and science.

Performances are described in three categories: patient care, the physical therapy delivery system; and the health care system and society. The program graduates recognize how social, economic, legislative and demographic factors influence the delivery of health care in the United States.

In judging compliance with the following evaluative criteria, the Commission on Accreditation in Physical Therapy Education and the On-site evaluators will seek evidence about the performance of program graduates. Evidence which supports compliance may include surveys of program graduates, surveys of clinical faculty and information solicited from employers and patients/clients of program graduates.

4.1. Patient Care

4.1.1 The program graduates practice in an ethical, legal, safe, caring and effective manner which is demonstrated by practicing with a knowledge of:

4.1.1.1. the scientific basis and effectiveness of physical therapy evaluation, prevention, and treatment procedures;

4.1.1.2. standards of practice

4.1.1.3. applicable state and federal laws;

4.1.1.4. ethical principles;

4.1.1.5. the scope of their abilities in the delivery of care;

4.1.1.6. their responsibility to refer to other physical therapists and members of the health care team when indicated.

4.1.2. The program graduates are able to screen individual to determine the need for physical therapy examination of for referral to other health professionals by:

4.1.2.1. identifying potential health problems;

4.1.2.2. recognizing patient problems that may require other professional attention in addition to that from a physical therapist.

4.1.3. The program graduates determine in any patient with physical dysfunction a diagnosis that is within the scope of physical therapy by:

4.1.3.1. obtaining pertinent history and identifying patient problems through interview or other appropriate methods;

4.1.3.2. selecting and performing appropriate examinations and interpreting the results of physical therapy examinations of the neurological, musculoskeletal, cardiovascular, pulmonary, integumentary, and other systems as appropriate including but not limited to :

4.1.3.2.1. body composition
4.1.3.2.2. electrical physiological testing of muscles and nerves
4.1.3.2.3. endurance/fitness/conditioning
4.1.3.2.4. environment
4.1.3.2.5. flexibility
4.1.3.2.6. functional status
4.1.3.2.7. gait and balance
4.1.3.2.8. growth and life span development
4.1.3.2.9. joint integrity and mobility
4.1.3.2.10. joint range of motion
4.1.3.2.11. motion analysis
4.1.2.2.12. motor control
4.1.3.2.13. pain
4.1.3.2.14. perception
4.1.3.2.15. physiologic response
4.1.3.2.16. posture
4.1.3.2.17. pulmonary and cardiovascular function
4.1.3.2.18. reflexes
4.1.3.2.19. righting and equilibrium reactions
4.1.3.2.20. segmental length, girth and volume
4.1.3.2.21. skin status
4.1.3.2.22. somatosensory
4.1.3.2.23. strength
4.1.3.2.24. tone

4.1.4. The program graduates design a comprehensive physical therapy plan of care that includes:

4.1.4.1. realistic measurable physical therapy goals and length of achievement;

4.1.4.2. therapeutic procedures that have the potential for achieving the goals;

4.1.4.3. recognition of the influence of biological, psychological, cognitive, social and cultural factors on compliance and the

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achievement of goals;

4.1.4.4. concepts of health maintenance and promotion and prevention of disease and disability;

4.1.4.5. collaboration with patients, families, those individuals responsible for the patient and colleagues.

4.1.4.6. re-evaluation and modification of the plan, treatment and goals.

4.1.5. The program graduates manage a physical therapy plan of care by:

4.1.5.1. implementing a comprehensive treatment plan which may include but is not limited to:

4.1.5.1.1. activities of daily living and functional training
4.1.5.1.2. assistive/adaptive devices
4.1.5.1.3. biofeedback
4.1.5.1.4. cardiopulmonary rehabilitation
4.1.5.1.5. chemical agents
4.1.5.1.6. cryotherapy
4.1.5.1.7. developmental activities
4.1.5.1.8. electric current
4.1.5.1.9. electromagnetic radiations
4.1.5.1.10. environmental modification
4.1.5.1.11. exercise
4.1.5.1.12. gait training/balance improvement
4.1.5.1.13. hydrotherapy
4.1.5.1.14. massage
4.1.5.1.15. mechanical compression
4.1.5.1.16. mobilization
4.1.5.1.17. orthoses and external supports
4.1.5.1.18. patient and family education
4.1.5.1.19. posture training
4.1.5.1.20. prostheses
4.1.5.1.21. pulmonary hygiene
4.1.5.1.22. traction
4.1.5.1.23. ultrasound
4.1.5.1.24. work hardening
4.1.5.1.25. wound care

4.1.5.2. interacting with patients and families in a manner which provides the desired psychosocial support;

4.1.5.3. appropriately delegating to and directing the physical therapist assistant and supervising other support personnel;

4.1.5.4. participating in discharge planning and follow-up care including referral to other community resources as indicated;

4.1.5.5. documenting relevant aspects of history, examination, assessment, planning and treatment;

4.1.5.6. demonstrating effective written, oral and nonverbal communication with patients and their families, colleagues, other health providers and the public;

4.1.5.7. promoting effective interpersonal relationships in all aspects of professional practice.

4.2. Physical Therapy Delivery System

In each case, it is important that program graduates recognize the influence of social, economic, legislative and demographic factors on the delivery of health care. The successful graduate interacts with other health care professionals in ways that reflect the willingness to add new information to the system and effectively represent one's role and responsibility. The program graduates are knowledgeable of the fiscal management of physical therapy services.

The program graduates are able to:

4.2.1. apply concepts and principles of management in the provision of physical therapy to individuals, organizations, and communities;

4.2.2. apply concepts of teaching and learning theories in designing, implementing and evaluating learning experiences used in the education of patients, students, colleagues and the community;

4.2.3. apply basic principles of the scientific method to read and interpret professional literature, to participate in clinical research activities, and to critically analyze new concepts and findings;

4.2.4. design and implement cost effective physical therapy services;

4.2.5. plan and implement programs designed to promote and maintain health and wellness;

4.2.6. use current information management technologies in the delivery of physical therapy services and analysis of data when indicated;

4.2.7. demonstrate effective professional writing skills;

4.2.8. assess treatment and service outcomes;

4.2.9. participate in quality assurance programs;

4.2.10. plan for future professional development to maintain a level of practice consistent with acceptable standards.

4.3. The Health Care System and Society

The program graduates are able to:

4.3.1. recognize the need for demonstrating accountability, cost effectiveness of services provided, and efficacy of services;

4.3.2. participate in developing methods to meet the physical therapy needs of society;

4.3.3. serve as consultants to individuals, colleagues in physical therapy, other health professionals, organizations and the community.

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Appendix C
Nova Southeastern University
Physical Therapy Department
Portfolio Criteria Ratings Summary& COROLLARY ASSESSMENT

Student Physical Therapist Name:_____
Team:_____

Portfolio criteria ratings are to be transferred to this form after the portfolio has been evaluated. Accordingly, each criterion is evaluated in terms of the following ratings:

0	1	2	3	4	5
Absent	Low		Moderate		High

Criterion **Check Appropriate box**
Rating

Criterion		0 Absent	1 LOW	2	3 Moderate	4	5 High
1. Commitment to Learning							
2. Interpersonal Skills							
3. Communication Skills							
4. Effective Use of Time & Resources							
5. Use of Constructive Feedback							
6. Problem Solving							
7. Professionalism							
8. Responsibility							
9. Critical Thinking							
10. Stress Management							
11. (Student Elected-prn)							
12. (Student Elected-prn)							

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Criterion		0 Absent	1 LOW	2	3 Moderate	4	5 High
13. (Student Elected-prn)							
14. (Student Elected-prn)							
15. (Student Elected-prn)							
17. Research Experience							
18. Statement of Goals							
19. Portfolio Appearance							
20. Holistic Judgement							

Student Signature **Faculty Mentor Signature** **Date of Evaluation**
OR
Peer Review Signature
(Both MUST be completed)

****Turn in with each Portfolio Submission Peer & Self Corollary Portfolio Assessments & Criteria Forms for Faculty***

Comments:

Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Portfolio Appearance

1. **All the student elected criteria have been addressed to the fullest extent possible.**

_____

_____

2. **Documentation has been thorough: names have been given, addresses are complete, dates are cited, evidence is appropriate.**

_____

_____

3. **Facts are clearly communicated.**

_____

_____

4. **The portfolio is as succinct as possible.**

_____

_____

5. **The general appearance indicates a high degree of professionalism: general writing style, margins, neatness, punctuation, quotations, spelling, syntax, typing.**

_____

_____

6. **Originality and creativity is noted.**

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Statement of Goals

1. **A realistic expectation of a developing professional physical therapist is provided and appropriate for this stage of development.**

   _____

   _____

2. **Goals are clearly stated.**

   _____

   _____

3. **Goals incorporate the philosophy, mission and goal statements of NSU PT, APTA and CAPTE.**

   _____

   _____

4. **Goals consider outcomes pertinent to physical therapy.**

   _____

   _____

5. **Goals provide an appropriate plan for personal and professional career development for this point in the professionals development.**

   _____

   _____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

_____

_____

Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Research Experience

1. **Involvement in research has been identified. Documentation of research involvement in general, specific research and role in research activity.**

   _____

   _____

2. **An explanation of how active involvement in research activities enhanced understanding of the research process has been provided.**

   _____

   _____

3. **Evidence is provided of an understanding of how research involves the systematic and orderly investigation of a problem and the steps to bring a research topic to fruition.**

   _____

   _____

4. _____

   _____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Holistic Judgement

1. The portfolio presentation as a whole, presents appropriate professional development

_____

_____

2. The portfolio represents the developing professionals commitment to serve the profession and society through contribution to the advancement of the profession in search for new knowledge and skills as a life-long learner and applied scientist.

_____

_____

3. The ten generic abilities (May, et. al., 1995) are represented in the portfolio presentation.
(Commitment to learning, interpersonal skills, communication skills, effective use of time and resources, Use of constructive feedback, problem solving, professionalism, responsibility, critical thinking, stress management)

_____

_____

Rating

0	1	2	3	4	5
Absent	Low			Moderate	High

General Comments

_____

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback for each Student Elected Category

Student Physical Therapist Name:_____

Category:_____ ***(Student Elected-submit for each category)***

1. Criteria:_____

_____

_____

_____

2. Criteria:_____

_____

_____

_____

3. Criteria:_____

_____

_____

_____

4. Criteria:_____

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_____

Rating

0	1	2	345	
Absent	**Low**		**Moderate**	**High**

General Comments

_____

_____

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Nova Southeastern University **Physical Therapy Department**

Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Commitment to Learning

1. **Student exhibits the ability to self-assess.**

_____

_____

2. **Student demonstrates the ability to self-correct and to identify needs, seeking new knowledge and understanding.**

_____

_____

3. **Evidence is provided of an understanding of how the self-assessment process is important for a developing professional in physical therapy.**

_____

_____

4.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Interpersonal Skills

1. **A realistic demonstration/evidence is provided for a developing professional physical therapist with respect to the ability to interact effectively with peers, patients, other health care professionals and the community and is appropriate for this stage of development.**

_____

_____

2. **Evidence is provided to demonstrate the student is able to effectively deal with cultural and ethnic diversity issues.**

_____

_____

3. **Demonstration of clear self-assessment in this category is evidenced.**

_____

_____

4.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

_____

_____

Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Communication Skills

1. **Student provides evidence of the ability to communicate effectively with written language.**

   _____

   _____

2. **Student provides evidence of the ability to communicate effectively with oral communication.**

   _____

   _____

3. **Evidence is provided of an understanding of how body language and listening effect communication.**

   _____

   _____

4. **The ability to communicate with varied audiences is provided.**

   _____

   _____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Nova Southeastern University **Physical Therapy Department**

Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Effective Use of Time & Resources

1. Effectiveness and efficiency of time is evidenced with respect to learning and patient evaluation and treatment skills.

_____

_____

2. An explanation of how effectiveness and efficiency are viable abilities for a PT in both clinical and administrative responsibilities is evidenced.

_____

_____

3. Delegation issues are supported with appropriate rationales.

_____

_____

4. Time management abilities are evidenced.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

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Nova Southeastern University Physical Therapy Department

Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Use of Constructive Feedback

1. Provision of the ability to identify source of feedback for learning are provided.

_____

_____

2. Incorporation of feedback in the learning process is evidenced.

_____

_____

3. Evidence is provided of an understanding of how constructive feedback is necessary for improved personal interaction is exhibited.

_____

_____

4.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Problem Solving

1. **Recognition of problems is evidenced, both personally, professionally and in terms of clinical aspects.**

_____

_____

2. **Defining problems is exhibited.**

_____

_____

3. **The ability to analyze clinical and professional data is evidenced.**

_____

_____

4. **The ability to develop, implement solutions and evaluate outcomes in terms of problems is provided.**

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Professionalism

1. **The ability to exhibit appropriate professional conduct is evidenced.**

_____

_____

2. **The ability to represent the profession effectively is provided.**

_____

_____

3. _____

4. _____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Responsibility

1. **The ability to fulfill commitments is provided.**

_____

_____

2. **The ability to be accountable for actions and outcomes is evidenced.**

_____

_____

3. **Evidence is provided of an understanding of how advocacy for the disabled is appropriate for PT.**

_____

_____

4.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Critical Thinking

1. **Evidence of the ability to question logically is provided.**

_____

_____

2. **Ability to identify, generate and evaluate elements of logical argument are presented.**

_____

_____

3. **Evidence is provided of an understanding recognizing and differentiating facts, illusions, assumptions and hidden assumptions (clinical reasoning)**

_____

_____

4. **Evidence is provided demonstrating the ability to distinguish the relevant from the irrelevant.**

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

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Nova Southeastern University Physical Therapy Department
Portfolio Criteria Ratings Feedback

Student Physical Therapist Name:_____

Category: Stress Management

1. **The ability to identify sources of stress is evidenced.**

_____

_____

2. **The ability to develop effective coping behaviors for stressors or potential stressors is provided.**

_____

_____

3. **Incorporation of personal wellness is evidenced**

_____

_____

4.

_____

_____

Rating

0	1	2	3	4	5
Absent	Low		Moderate		High

General Comments

_____

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